FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	UNGAIN!	_	
	(See instr	uctions)	Office use only
NAME OF COMMITTEE (in	full) (Check if nam is changed)	e Example: If typying, type over the lines	12FE4M5
GRANT THOR	NTON LLP POLITICAL ACTIC	ON COMMITTEE LLC	
ADDRESS (number and	street) 1900 M Street N	<u>N</u>	
X (Check if addr is changed)	Suite 300 Washington		DC 20036 -
COMMITTEE'S E-MA	II ADDDESS	CITY▲	STATE▲ ZIP CODE ▲
			1
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
	<u> </u>		
COMMITTEE'S FAX N 202-521-1577	NUMBER		
2. DATE 0.8			
3. FEC IDENTIFICA	ATION NUMBER	C C00408260	
4. IS THIS STATEM	MENT NEW (N) C	X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of m	y knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Barbara Wile	y Cosgriff	
Signature of Treasure	. Electronically Filed by Barba	ra Wiley Cosgriff	Date 08 / 16 / Y Y Y Y Y
NOTE: Submission of fa	·	n may subject the person signing this St	atement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530	

	FECForm 1 (Revised 02/2003)		Page 2
5.	5. TYPE OF COMMITTEE (Check One)		
	(a) This committee is a principal campaign	committee. (Complete the candidate information bel	ow.)
	(b) This committee is an authorized commit information below.)	ttee, and is NOT a principal campaign committee. (0	Complete the candidate
	Name of Candidate		
	Candidate Office Party Affiliation Sought:	House Senate Pr	State resident District
	(c) This committee supports/opposes only of	ne candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) This committee is a separate segregated	I fund	
	(f) X This committee supports/opposes more committee.	than one Federal candidate, and is NOT a separate	segregated fund or party
6.	6. Name of Any Connected Organization or Affiliated	Committee	
L			
	Mailing Address		
		CITY▲ STATE▲	ZIP CODE
	Relationship		
	Type of Connected Organization:		
	Corporation	Corporation w/o Capital Stock La	bor Organization
	Membership Organization	Trade Association Co	poperative

Page 3

GRANT THORNTON LLP		A CTICAL COMMUTTEE LI	\sim
GRANT INCRINION LLP	PULITICAL	. ACTION COMMITTEE LL	

Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.			f the person in
Full Name Allison	Moran		
Mailing Address	1901 S. Meyers Road		
	Suite 455		
	Oakbrook Terrace		60181
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Assitant Ti	reasurer	Telephone number	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the name and address of any designated agent (e.g., assistant treasurer).			imittee; and the
Full Name of Treasurer Barbara	a Wiley Cosgriff		
Mailing Address	Grant Thornton LLP		
	1900 M Street NW, Sui	ite 300	
	Washington		20036
Title or Position ♥	CITY A	STATE ▲	ZIP CODE ▲
Natl Mngn	Principal	Telephone number	
Full Name of Designated Agent Allison	Moran		
Mailing Address	1901 S. Meyers Road		
	Suite 455		
	Oakbrook Terrace		60181
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Assistant 1	Treasurer	Telephone number 630	873 2542

	FEC Form 1 (Revi	ised 02/2003)	Page 4
9.	Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	counts, rents
	Nailing Address	ational City One North Franklin	
		Suite 100	60606 _
		CITY A STATE A	ZIP CODE △

Image# 2793162	Image# 27931626244		
Form/Schedule: F1A Transaction ID:	Amended Statement of Organization Updated for Treasurer		